



DECLARATION AND POWER OF ATTORNEY USA/PCT

As a below named inventor, I hereby declare that:

- (a) My residence and Citizenship are as stated below my name. My P.O. (mailing) address is the same as my residence unless otherwise stated.
- (b) I verily believe I am/we are the original, first and sole/joint inventor(s) of the subject matter that is embraced by and for which a patent is sought on the invention entitled: **CATALYTIC DEVICES AND METHOD OF MAKING SAID DEVICES** and the specification of which: ☐ is attached hereto (____).
(check one) ☒ was filed on December 21, 2000 as (44501A).
Application No. 09/745,590
and was amended on _____

- (c) I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.
- (d) I acknowledge my duty under 37 CFR 1.56 to disclose to the U.S. Patent and Trademark Office all information known to me to be material to patentability as defined in 37 CFR 1.56(b). If this application is a continuation-in-part application, I acknowledge the duty to disclose all information known to me to be material to patentability as defined in 37 CFR 1.56(b) that became available between the filing date of the prior application from which priority is claimed in part (f) below, and the national or PCT international filing date of this application.
- (e) I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate listed below or § 365(a) of any PCT international application that designated at least one country other than the United States of America listed below, and also identify below any other foreign equivalent application for patent or inventor's certificate or any other equivalent PCT international application having a filing date before that of the application on which priority is claimed:

Number	PRIOR FOREIGN APPLICATION(S) Country or PCT	PRIORITY CLAIMED Day/Month/Year Filed	CERTIFIED COPIES INCL.
<input type="checkbox"/>	Additional claims for benefit are attached.	<input type="checkbox"/>	<input type="checkbox"/>

- (f) I hereby Claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below, or under 35 U.S.C. § 120 of any United States application(s), or under § 365(c) of any PCT international application designating the United States of America listed below:

US or PCT Appln. Serial No.	Filing Date	Status at Application Filing Date
<u>60/173,017</u>	<u>December 23, 1999</u>	<u>Abandoned</u>
<input type="checkbox"/>	Additional claims for benefit are attached.	

I hereby appoint the attorney(s) and/or agent(s) at the following Customer No. to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. Address all correspondence to appointed counsel at:

00109

This appointment, including the right to delegate this appointment, shall also apply to the same extent it is applicable under the laws of the United States of America to any proceedings established by the Patent Cooperation Treaty.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Inventor(s):

At: Midland, Michigan 48674, USA
this 2 day of June, 2004
Signature: Sten A. Wallin
Full Name: Sten A. Wallin
Residence: 1917 Plymouth Street
Midland, Michigan 48642
Country: United States of America
Citizenship: United States of America
P. O. Address: Same as Residence

At: Freeport, Texas 77541, USA
this 27 day of May, 2004
Signature: David H. West
Full Name: David H. West
Residence: 430 Hurdoberry 6301 Alameda #912
Houston Lake Jackson, Texas 77566 77021
Country: United States of America
Citizenship: United States of America TAN
P. O. Address: Same as Residence

At: Midland, Michigan 48674, USA
this 27 day of May, 2004
Signature: Christopher P. Christenson
Full Name: Christopher P. Christenson
Residence: 5355 South Hunter Road 216 Mango
Beaverton, Michigan 48619 Lake Jackson, TX
77566
Country: United States of America
Citizenship: United States of America
P. O. Address: Same as Residence


At: LAKE JACKSON, TEXAS 77566, USA
this 19 day of MAY, 2004
Signature: Martin C. Cornell
Full Name: Martin C. Cornell
Residence: 333 Timbercreek Drive
Lake Jackson, Texas 77566
Country: United States of America
Citizenship: United States of America
P. O. Address: Same as Residence

☒ Additional names and signatures are attached.


Additional names, addresses and signatures to be attached to Form No. 1000

Entitled: **DECLARATION AND POWER OF ATTORNEY**

At: Terneuzen
this 19th day of May, 2004

Signature: 
Full Name: **Henri J.M. Gruenbauer**
Residence: **Schorpioen 45**
City, State, Zip: **4501 HC Oostburg**
Country: **The Netherlands**
Citizenship: **The Netherlands**
P. O. Address: **Same as Residence**

At: Midland, Michigan 48674, USA
this 15th day of June, 2004

Signature: 
Full Name: **Zoran R. Jovanovic**
Residence: **712 West Larkin Street**
City, State, Zip: **Midland, Michigan 48640**
Country: **United States of America**
Citizenship: **~~Federal Republic of Yugoslavia~~**
P. O. Address: **Same as Residence**

United States of
America (Zr)

At: _____
this _____ day of _____, 20____

Signature: _____
Full Name: _____
Residence: _____
City, State, Zip: _____
Country: _____
Citizenship: _____
P. O. Address: _____

At: _____
this _____ day of _____, 20_____

Signature: _____
Full Name: _____
Residence: _____
City, State, Zip: _____
Country: _____
Citizenship: _____
P. O. Address: _____

At: _____
this _____ day of _____, 20_____

Signature: _____
Full Name: _____
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Citizenship: _____
P. O. Address: _____

At: _____
this _____ day of _____, 20____

Signature: _____
Full Name: _____
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City, State, Zip: _____
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At: _____
this _____ day of _____, 20____

Signature: _____
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